

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 DEC 23 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000085862**

1. Corporation Name

**4-C CONTRACTING OF OKEECHOBEE, INC.**

Principal Place of Business

402 N.W. 3RD ST.  
OKEECHOBEE FL 34972

Mailing Address

402 N.W. 3RD ST.  
OKEECHOBEE FL 34972



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0447246

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CASAREZ, DANIEL	402 N.W. 3RD ST.	OKEECHOBEE FL 34972
DV	CASAREZ, RICK	402 N.W. 3RD ST.	OKEECHOBEE FL 34972
DST	CASAREZ, NAOMI	402 N.W. 3RD ST.	OKEECHOBEE FL 34972

**REINSTATEMENT**

12/23/97

8. Name and Address of Current Registered Agent

COOK, JOHN R  
202 N.W. 5TH AVE.  
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

Name: 4000002385064-3  
-12/29/97-01133-000  
Street Address (P.O. Box Number is Not Accepted): 750.00 \*\*\*750.00  
Suite, Apt. #, Etc.  
City: State: FL Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*John R Cook*

REGISTERED AGENT MUST SIGN

Date: 12-18-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Daniel Casarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-97

Date

Daytime Phone #

CR2040 (8/97)